

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 79774924 FILING DATE 11/31/01
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
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7	1					
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TOTAL IND.	16					
TOTAL DEP.	16	↔	↔	↔	↔	
TOTAL CLAIMS	20					

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TOTAL IND.					
TOTAL DEP.		↔	↔	↔	↔
TOTAL CLAIMS					